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FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandya B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052942 (5)

1. Corporation Name

KABABAYAN INVESTORS GROUP INC. LTD.



Principal Place of Business

7223-A WEST HILLSBOROUGH AVE
TAMPA FL 33634
US

Mailing Address

7223-A WEST HILLSBOROUGH AVE
TAMPA FL 33634
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number 59-3513862
APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 9009 Tudor Drive, 6106

Suite, Apt. #, etc

22 Tampa, Florida 33615

City & State

23 Zip Country

24 25

2a. Mailing Address

26 9009 Tudor Drive, 6106

Suite, Apt. #, etc

27 Tampa, FL 33615

City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FELICIANO, MIGUEL ANGEL
7223-A WEST HILLSBOROUGH AVE
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9009 Tudor Dr., 6106

83

84 City

Tampa

FL

85 Zip Code
33615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TOQUE, SALVADOR D
STREET ADDRESS 2419 WISHING WELL WAY
CITY-ST-ZIP TAMPA FL 33619 ☒ DELETE

TITLE D
NAME EALDAMA, CONSOLACION A
STREET ADDRESS 5809 20TH AVE S
CITY-ST-ZIP TAMPA FL 33619-5457 ☒ DELETE

TITLE TDS
NAME FELICIANO, GINA B
STREET ADDRESS 9203 TUDOR DR S-N201
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE MD
NAME FELICIANO, MIGUEL
STREET ADDRESS 9203 TUDOR DR S-N201
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Miguel Angel Feliciano
1.3 STREET ADDRESS 9009 Tudor Dr., 6106
1.4 CITY-ST-ZIP Tampa, FL 33615 ☐ Change ☐ Addition

2.1 TITLE Vice-President
2.2 NAME Gina B. Feliciano
2.3 STREET ADDRESS 9009 Tudor Dr., 6106
2.4 CITY-ST-ZIP Tampa, FL 33615 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)